

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90387 025 ***150.00

DOCUMENT # 558545

1. Entity Name
DISPENSING SYSTEMS OF FLORIDA, INC.



Principal Place of Business
**2919 WESTFIELD RD
PO BOX 291
GULFBREEZE FL 32561
US**

Mailing Address
**PO BOX 870590
PO BOX 291
STONE MOUNTAIN GA 30087
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1306933**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUCKENBACH, BARRY R.
407 LAKE HOWELL RD
MAITLAND FL 32751**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
DAVIS, LAURA L
130 N STREET
DECATUR, GA 00000** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5460 Lilburn-Stone Mtn Rd
STONE MOUNTAIN, GA 30087** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DAVIS, RONALD B
130 NEW STREET
DECATUR, GA 00000** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5460 Lilburn-Stone Mtn Rd
STONE MOUNTAIN, GA 30087** ☒ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
RONALD B. DAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03
Date

(770) 381-6867
Daytime Phone #

CR2E034 (10/02)